## 11700011688

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## COVER LETTER

Registration Section TO: **Division of Corporations** 

PARAGON MIAMI LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

SILVIO C. IMAS

(Contact Person)

(Firm/Company)

14359 MIRAMAR PWY 342

(Address)

MIRAMAR FL 33027

(City/State and Zip Code)

For further information concerning this matter, please call:

SILVIO C. IMAS

(Name of Contact Person)

at (301) 983-2800 (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

□ \$25 Filing Fee

■ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

**MAILING ADDRESS:** 

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (12/13)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as RAGON MIAMI LLC	it appears on the record	s of the Florida Department
2. The Florida docu L130001168	nment/registration number of	this limited liability con	mpany is:
3. The date this me	mber withdrew or will withd	raw is: 02/19/2014	·
4. I, ASUNCION SANZ		, hereby resign as a	MANAGING MEMBER
(Print Name of Person Resigning)		,,	(Print Title)
of this limited lial resignation in wr	pility company and affirm the liting.	e limited liability compa	any has been notified of my
Signature of Re	signing of Dissociating Mar	nager, Member	TALL TO
_	\$25.00 (Required) \$30.00 (Optional)		